| A STATE AND LOATION SEE DETERMINATION DECORE | | | | | | | | | Application of Docket Number | | | | | |
|--|--|---|-----------------------|-----------------------------------|---------------------|--|-------------|-------------------|--|--------|---------------------|--|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOR | | | | | | | | | nla | n S | 225 | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | | |
| F | OTAL CLAIMS | OI. | | | | | RA | TE | FEE |] | RATE | FEE | | |
| FOR | | | NUMBER FILED | | NUME | ER EXTRA | BASI | BASIC FEE 38 | | OR | BASIC FEE | 770.00 | | |
| Ŧ | TAL CHARGE | ABLE CLAIMS | ninus 20= | | . 0 | | xs | X\$ 9= | | OR | X\$18= | | | |
| IN | DEPENDENT C | LAIMS | 2: <u>1</u> minus 3 = | | | | X43= | | | OR | X86= | 86 | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +145= | | OR | +290= | | | |
| ۱., | the difference | in column 1 is | TO | | | OR | TOTAL | 896 | | | | | | |
| 10 Am CLAIMS AS AMENDED - PART II OTHER THA | | | | | | | | | | | | | | |
| メ | | (Column 1) | SM | \LL | ENTITY | OR | SMALL | ENTITY | | | | | | |
| NTA | | CLAIMS REMAINING AFTER AMENDMENT | | PREVIO | BER | PRESENT EXTRA | RA | ΓE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| AMENDMENT | Total | .9 | Minus | -30 | 7 | <u> </u> | XS | 9= | | OR | X\$18= | · | | |
| MEN | Independent | . 4 | Minus . | 4 | | • | X4: |)a | | OR | X86= | | | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 5= | | OR | +290= | | | |
| 1, 5, 8,9 | | | | | | | | TAL | | | TOTAL ADDIT, FEE | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | | |
| NT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID F | EST BER JUSLY | PRESENT EXTRA | RA | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| AMENOMENT | Total | .5 | Minus | -2 | 0 | | XS |)= | | OR | X\$18= | | | |
| | Independent | . 2 | Minus . | | <u>#</u> _ | | X43 | = | | OR | X86= | | | |
| | FIRST PRESE | NTATION OF ML | ILTIPLE DEF | ENDEN | CLAIM | لــــلـــلــــــــــــــــــــــــــــ | +14 |)= | | OR | +290= | | | |
| TOTAL OR YOTAL ADDIT, FEE OR ADDIT, FEE | | | | | | | | | | | | <u>. </u> | | |
| | | (Column 1) | | (Colum | າກ 2) | (Column 3) | | • | | | | | | |
| AMENDMENT C | ` | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | ST IER USLY | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| | Total | • | Minus | ** | | в | X\$ 9 | | | OR | X\$18= · | | | |
| | Independent | • | Minus | *** | | • | X43 | _ | | OR | X86= | · | | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | _1 | | | +290= | | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | | | | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter. "20." ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | | |
| - 1 | The "Highest Nurs | ber Previously Paid | For (Total or | Independe | nt) is the | highest number | TOURS IN th | e s ob | ropnate box | un cot | | | | |